

OIL AND GAS ENFORCEMENT POLICY AND PROCEDURES

XIII. INSTRUCTIONS FOR COMPLETING FORM 3160-9, NOTICE OF INCIDENTS OF NONCOMPLIANCE (REV. JANUARY 1989).

- A. A separate form **must** be prepared for each violation.
- B. Distribution of copies: If filling out a hard copy form, the first (white) and third (green) copies are given to the operator, the second (yellow) will be used for initial data entry (AFMSS) and other office tracking systems. The white copy, when returned by the operator, will be used for final data entry and then filed. The lessee and operating rights owner shall be notified if civil penalties are initiated.

If using the AFMSS generated form, you will not have a white, green, and yellow copy of the INC unless your office purchases special forms. You may print off three copies of the INC and designate an original, operator, and office copy of the form for use. The designated copies do not have to be on colored paper. Refer to Attachment 3 for instructions on entering noncompliance information into AFMSS.

- C. The following numbers correspond to the fields on the Form 3160-9. The "*" indicates corresponding AFMSS data elements for data entry.

- 1. Method of Delivery*:
 - a. If certified mail is used, so indicate.
 - b. If hand delivered, so indicate and ensure that a "received by" signature is obtained.
- 2. Number*: The office must assign a unique number to each notice.
- 3. Page ____ of ____: Number each page of the form used for an inspection (i.e., Pg 1 of 3, Pg 2 of 3, Pg 3 of 3, etc.).
- 4. Identification*: Enter lease number, CA number, or unit name with PA designation, as applicable.
- 5. Bureau of Land Management Office*: Enter the name, address, and telephone number of the Field Office that has jurisdiction over the lease, CA, or Unit.

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6. Operator*: Enter the operator's name.

Address: Enter the operator's mailing address.

Attention: Enter the name of the company, agent, or representative responsible for correcting the violation, if known.

7. Site Name*: Enter the lease name. Generally, the name relates to surface ownership, i.e. a farm, ranch, or geographic location.
8. Well or Facility Identification*: Enter the name or number identifying the well or facility where the violation has been detected.
9. ¼ ¼ Sec.*: Enter quarter-quarter and section location of well or facility.
10. Township*: Enter the township where the lease, CA, or Unit is located.
11. Range*: Enter the range where the lease, CA, or Unit is located.
12. Meridian*: Enter the meridian where the lease, CA, or Unit is located.
13. Inspector*: Enter the name of the inspector who detected the violation.
- Date*: Enter the date the violation is detected.
15. Time*: Use 24-hour clock system to enter time of day the violation is detected.
16. Violation*: Cite the specific regulation, NTL, Order, lease term, COA or agreement that is in violation. The authority reference shall be as specific to the nature of the violation as possible. In most cases, only one authority reference shall be used per INC.
17. Gravity of Violation*: Enter major or minor. Refer to 43 CFR §3163.0-5 for definition of major and minor violations.
18. Corrective Action To Be Completed By*: Enter date corrective action is to be completed or abatement time frame, starting upon receipt of notice.
19. Date Corrected*: The operator must enter the date the violation is corrected before returning the form to the inspection office. If the date is

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not entered by the operator, it must be obtained and entered by the inspector.

20. Assessment for Noncompliance*: Enter amount of monetary assessment as provided for in 43 CFR §3163.1, "Remedies for Acts of Noncompliance."
21. Assessment Reference*: If applicable, insert appropriate 43 CFR reference.

NOTE: Be sure. Check the 43 CFR 3160 regulations for correct reference.

- Immediate assessments are issued under 43 CFR 3163.1(b).
 - For failure to abate Major violation: 43 CFR 3163.1(a)(1).
 - For failure to abate Minor violation: 43 CFR 3163.1(a)(2).
22. Remarks*: Clearly, and in detail, describe the nature of the violation, e.g., "The seal is ineffective on the sales valve on Tank No. 154." The remarks must be consistent with the authority reference.
 23. Company Representative Title, Signature and Date: To be completed by the operator's Representative authorized to certify completion of corrective action.
 24. Company Comments: Optional, for use of the operator in commenting on violation and/or corrective action.
 25. Signature of BLM Authorized Officer, Date, and Time: Inspectors delegated authority to issue notices of noncompliance, or the AO, must sign and enter the date and time of the signature to validate the notice of violation.
 26. For Office Use Only:

Number*: Enter the AFMSS INC Prefix number. Instructions for assigning this is contained in the AFMSS User Guide.

_____ Assessment:

_____ Penalty:

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Termination*:

Type of Inspection*: Enter degree of coverage of the inspection, e .g ., level of detail, and the type of inspection (i.e., production, drilling). Other information may be added to facilitate data entry, such as the violation code (inspection check list number) and follow-up inspection dates.

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XIV. INSTRUCTIONS FOR COMPLETING FORM 3160-12, NOTICE TO SHUT DOWN OPERATION (REV. MAY 1987).

- A. When an immediate shut-in of operation is required under 43 CFR §3163.1(a)(3), Form 3160-12, Notice to Shut Down Operation, must be used.
- B. An INC Form, 3160-9, Notice of Incidents of Noncompliance, must also be issued to accompany the Shut Down Notice.
- C. The following numbers correspond to the fields on the Form 3160-12.
 - 1. Method of Delivery*:
 - a. If certified mail is used, so indicate.
 - b. If hand delivered, so indicate and ensure a "received by" signature is obtained.
 - 2. Number*: The issuing office must assign a unique number to each form.
 - 3. Page ____ of ____: Number each page of the form used for an inspection (i.e., Pg 1 of 3, Pg 2 of 3, Pg 3 of 3, etc.).
 - 4. Identification*: Lease number, CA number, or unit name with the PA designation, if applicable.
 - 5. Bureau of Land Management Office*: Enter the name, address, and telephone number of the Field Office that has jurisdiction over the lease, CA, or Unit.
 - 6. Operator*: Enter the operator's name.

_____ Address: Enter the operator's mailing address.

Attention: Enter the name of the company, agent, or representative responsible for correcting the violation requiring the Shut Down notice.

- 7. Site Name*: Lease name. Generally, the name relates to surface ownership, i.e., a farm, ranch, or geographic location.

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8. Well or Facility Identification*: Enter the name or number identifying the well or facility where shut down has been ordered.
9. ¼ ¼ Sec.*: Enter quarter-quarter and section location of well of facility.
10. Township*: Enter township where lease, CA, or Unit is located.
11. Range*: Enter range where the lease, CA, or Unit is located.
12. Meridian*: Enter meridian where the lease, CA, or Unit is located.
13. Inspector*: Enter name of inspector who identified the violation requiring the shut down notice.
14. Date*: Enter date the Shut Down Order is effective.
15. Time*: Enter the time of day the shut down is ordered, using the 24-hour clock system.
16. Corrective Action To Be Completed By*: Enter date or hour corrective action is to be completed or abatement time frame, starting upon receipt of notice.
17. Report Corrective Action By*: Enter the number of days, or date by which the operator must report corrective action taken to the inspection office.
18. Date Corrected*: Enter the date corrective action was completed.
19. Remarks*: The Remarks section must be used to explain why the notice to shut down is being issued. The explanation must describe in detail what operation is to be shut down. Reference Form 3160-9, Notice of Incidents of Noncompliance, and what needs to be corrected before operation can be resumed.
20. Company Representative Title, Signature and Date: To be completed by the operator to certify completion of the corrective action.
21. Company Comments: This space is provided for a company representative to comment on the violation or the corrective action.
22. Signature of BLM Authorized Office, Date, and Time: Authorized officer must sign and enter the date and time of signature.